



Individualized Family Service Plan

Under Part C of IDEA, the IFSP is required to enhance the capacity of families to meet the needs of children birth to age three who have developmental delays or disabilities.

Type and Date of IFSP: ☒ Initial IFSP January 5, 2011 ☐ Annual IFSP _____
☐ Interim IFSP _____ ☐ IFSP Review _____

I. Child and Family Information

Child's Name: <i>Kim Doe</i>	
Date of Birth: <i>August 3, 2009</i>	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Parent's/Guardian's Name(s): <i>Juanita Doe (mother) Gunner Doe (father)</i>	Surrogate Parent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address(es): <i>2345 Fruit Street</i>	<i>(mailing) PO Box 245</i>
City/State/Zip: <i>Apple City, WA 96543</i>	<i>Apple City, WA 96543</i>
Phone Number(s): <i>(123) 394 – 8899</i> Work <input type="checkbox"/> Home <input checked="" type="checkbox"/> Cell <input type="checkbox"/> <i>(123) 822 – 9843 (Juanita)</i> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input checked="" type="checkbox"/> <i>(123) 398 – 2132 ext. 12 (Gunner)</i> Work <input checked="" type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>	 <i>() -</i> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> <i>() -</i> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> <i>() -</i> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>
Email Address(es): <i>juanitadoe@gmail.com</i>	
Ethnicity: <i>Hispanic and White/Caucasian</i>	
Family's Primary Language: <i>English</i>	Is an Interpreter Needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Resident School District: <i>Apple City School District</i>	
Service Area: <i>Apple City</i>	
Alternate contact: <i>Arthur and Rachel Doe</i>	
Relationship to child: <i>Grandparents</i>	
Address: <i>72 Core Court</i>	
City/State/Zip: <i>Apple City, WA 96543</i>	
Phone Numbers: <i>(123) 656 – 6792</i> <i>(123) 345 – 6093 (Rachel)</i> <i>() -</i>	Work <input type="checkbox"/> Home <input checked="" type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input checked="" type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>
Email Address: <i>None</i>	
Who lives in your home? <i>Mother (Juanita), Father (Gunner), Sister (Jana – Age 4)</i>	
Describe previous developmental evaluations/assessments, early intervention and/or therapy services received (if any): <i>Kim was hospitalized on and off in Seattle for the first 14 months of life and Mrs. Doe reports that she did not want to be referred to early intervention while Kim was in and out of the hospital every few weeks. The past three months have been the longest she has been home and her primary care physician recommended early intervention.</i>	

Family Resources Coordinator's Information

Family Resources Coordinator's Name:	<i>Laura Donaldson</i>		
Agency	<i>Apple City Early Intervention</i>		
Agency Address:	<i>1234 Main Street</i>		
City/State/Zip	<i>Apple City, WA 96543</i>		
Phone Number:	<i>(123) 654 – 0987</i>	Work <input checked="" type="checkbox"/>	Cell <input type="checkbox"/>
Email Address:	<i>ldonaldson@acei.org</i>		

Referral and Medical/Health Information

Referral Information			
Referral Date:	<i>November 29, 2010</i>		
Reason for Referral:	<i>Failure to thrive associated with cardiac anomalies, encephalitis, spasticity (most likely cerebral palsy), and seizures.</i>		
Referral Source:	<i>David Johnson, MD</i>		
Address:	<i>85 Medical Drive</i>		
City/State/Zip	<i>Apple City, WA 96543</i>		
Phone Number:	<i>(123) 234-2000</i>	Fax:	<i>(123) 234-2001</i>
		Email Address:	<i>Johnson@acpediatric.com</i>

Primary Care Information			
Primary Care Provider's Name:	<i>David Johnson, MD</i>		
Address:	<i>85 Medical Drive</i>		
City/State/Zip	<i>Apple City, WA 96543</i>		
Phone Number:	<i>(123) 234-2000</i>	Fax:	<i>(123) 234-2001</i>
		Email Address:	<i>Johnson@acpediatric.com</i>

Child Health Information

Summary of child's health status based on review of pertinent records *(This includes child's birth history, medical conditions or diagnoses (i.e. allergies), illnesses, hospitalizations, medications, vision and hearing screenings, other developmental evaluations):*

Kim was born at 38 weeks and her delivery was normal. She experienced trouble feeding from birth and had her first seizure when she was three days old. Tests done in the NICU discovered cardiac anomalies and encephalitis.

Kim was hospitalized off and on in Seattle for the majority of her first 14 months of life due to seizures, numerous viral infections and significant nutritional issues. Kim has had a nasogastric (NG) tube since 5 months of age. Repeated efforts have been made to wean Kim from the NG tube; however, her illnesses prevented that from occurring. Kim has been home from the hospital since November 2010 and has been healthy since that time and Kim's parents are ready to initiate early intervention services. The primary care physician and his nutritionist have made significant gains in weaning Kim from the tube feedings since that time due to improved health and weight gain. Kim is currently tube fed twice daily- at noon and during the night. The goal is to ensure sufficient weight gain and removal of Kim's NG tube by late summer.

Kim has been diagnosed with failure to thrive associated with cardiac anomalies, encephalitis, spasticity (most likely cerebral palsy), and seizures.

She is being weaned off her seizure medication (Phenobarbital). Recent EEG shows no seizure activity. She takes no other medication.

Kim has no known allergies.

Kim passed her newborn hearing/vision screens and all subsequent screens and there are no concerns at this time. Her next well-baby check is at 18 months.

What else should the team know about your child's health so we can better plan and provide services for your child and family?

Kim's seizures appear to be under control, the biggest health concern is getting her to take other food more consistently so the NG tube can be discontinued.

II. Child/Family Routines and Activities

Understanding the routines and activities of children and families assists the team in identifying the numerous learning opportunities that can support children's learning and development.

Where does your child spend the day? Who is involved? How would you describe your child's relationship(s) with you and the people they spend the most time with in different settings?

Jana usually is up before Kim in the morning so Mrs. Doe has time to feed Jana and get her dressed before Kim gets up. Mrs. Doe always gets her up and gets her dressed. This is a pleasant, relaxed time for both Kim and Mrs. Doe.

During the week when Mr. Doe is working, Mrs. Doe spends most of the time at home during the day with Kim and Jana. She is beginning to do some errands with the girls during the day now that Kim is healthy – she had been doing shopping at night when Mr. Doe could be at home with Kim. Getting out of the house is important for both Jana and Mrs. Doe, being inside all day causes stress.

Kim eats small meals every 3-4 hours. She is tube fed twice a day, around 1:00 AM and around 1:00 PM – she will be weaned from the lunch feeding within the next week or so. Mrs. Doe prepares different foods for Kim than the rest of the family and reports that this is frustrating for her.

Jana plays with neighborhood children almost every day and Kim likes to watch them play and seems to want to play with them. Typically the neighborhood children come to the Doe's home to play because other mothers don't seem as comfortable with Kim in their homes. The neighborhood children are very accepting of Kim and involve her in their play as appropriate as they are Jana's age (4 and 5). Kim doesn't play with neighborhood children her own age.

Jana usually naps around 2:00 PM everyday and Kim naps around 3:00. Mrs. Doe has about an hour each day to do chores at home when both girls are napping. Jana goes to bed at night around 8:00 and Kim goes to bed around 9:30. Mr. and Mrs. Doe usually go to bed around 10:00. If Kim went to bed with Jana, it would be great for Mr. and Mrs. Doe.

Kim's grandparents (Mr. Doe's parents) visit at least once per week (usually on Sundays). They are retired and live nearby. When they visit, they play with the girls and Mrs. Doe is able to get chores done around the house and sometimes rest, but she cannot leave the girls alone with the grandparents because they are "uncomfortable" feeding Kim and spending long periods of time caring for her. Kim knows her grandparents and responds well to them. If they are playing with her, she doesn't notice whether Mrs. Doe is in the room. Mr. Doe is not home a lot due to his long hours of work at a computer programming business and is not as comfortable caring for Kim as Mrs. Doe.

What are the things your child enjoys most (including toys, people, places, activities, etc.)?

- *Kim likes riding in the car. The Does have an adapted car seat for Kim that they obtained with guidance from the OT at the hospital.*
- *Kim likes to be read books by her grandparents. She also enjoys playing games with them (peek-a-boo, pat-a-cake)*
- *She likes toys that make sound.*
- *She likes to watch Jana and the neighbor children play. She especially likes Jana to interact with her, showing her toys and books.*
- *Kim enjoys being with most adults, especially her grandparents.*

What does your family enjoy doing together and why? Who is involved? When does this occur?

- *Kim likes to play on the living floor with Jana. She does so several times a day. Jana likes to interact with Kim during the play time, showing her books and toys, and attempting to engage her in play.*
- *Mrs. Doe's parents live close by and visit several times during the day each week. They almost always spend time with Kim and Jana after church on Sundays.*

What activities and relationships are going well?

- *Kim usually spends her day at home with her mom and sister.*
- *Kim's paternal grandparents spend time with Kim and her family almost every Sunday after the family returns from church. Her grandparents are helpful with Kim and Jana.*
- *Transporting Kim to the store, church, etc. is easy.*
- *Kim spends about 30 minutes 2x/day playing on the living room floor with her sister.*

What, if any, routines and activities do you find to be difficult or frustrating for you or your child?

- *Mealtime: Mrs. Doe would like to be able to have the family eat the same foods at mealtime and not have to feed Kim different foods. Mrs. Doe has been working on introducing new textures and different foods over the past several months. Kim still gags when new textures/tastes are introduced but gagging reduces as she adjusts to the foods.*
- *Nap and bedtime: Mrs. Doe would like the girls to be on the same sleep schedule so she has some time to herself and to do household chores.*

What are the activities and routines your family currently does not do because of your child's needs, but is interested in doing now or in the near future?

- *Kim doesn't go out to play with other children and have much interaction with children her age. Mrs. Doe would like Kim to be around children her own age, especially since she really enjoys watching Jana play with neighbor children. Mrs. Doe would like to explore some child care, respite care opportunities for Kim.*
- *Mrs. Doe would like to have more support from Mr. Doe and Kim's grandparents in caring for Kim and Jana. She is hoping that Kim's grandparents will be more willing to help with Kim when she is able to eat table foods and not gag. Mrs. Doe understands their reluctance and also recognizes that they are not in the best of health. She knows that caring for Kim is stressful for them – they are afraid they will do something to 'hurt' Kim.*

Family Concerns, Resources, Priorities

Family's concerns and priorities drive the development of IFSP outcomes. Family resources and supports are critical for supporting and enhancing desired changes and children's functioning and learning. Families should share only the information they are comfortable sharing.

I choose **not** to share information about my concerns, priorities and resources and/or include this information in the IFSP. I understand that if my child is eligible, he/she can still receive appropriate services as determined by the IFSP team even if I choose not to complete this section.

_____ (parent's initials)

Summary of Family Concerns: *(based on challenges in everyday routines and activities)*

Kim gags and chokes when new foods/liquids are introduced and Kim's mom has to spend a good amount of time working to help Kim overcome her dislikes of new foods and textures – Kim's mom is concerned about how long it will take to transition Kim to table food that the rest of the family eats. Kim and her sister are not on the same sleep schedule (going to bed, awaking in the morning or napping during the day) so Kim's mom doesn't always finish all of her chores and is frequently tired as Kim does not yet sleep through the night. Several times a day, Kim cries and fusses because Kim's parents and sister do not always understand what she wants or needs. Kim attempts to initiate play with her sister but is unable to move very far around the living room on her own and is unable to tell her sister what she wants to play with. Kim's grandmother doesn't like to feed her because she gags/chokes on new foods. Kim is fed every 3-4 hours during the day and is on a feeding tube at night. She wakes several times during the night taking 10-15 minutes to get back to sleep.

Priorities of the Family: *(based on concerns identified above)*

Kim's mom has prioritized the following concerns to be addressed immediately by the team:

- Would like Kim to sleep through the night and get both Kim and her sister on the same sleep routine so Kim's mom feels rested and better able to do daily chores.*
- Would like Kim to be able to gain enough weight to be off the night tube feeding and for Kim to be able to eat table foods with the rest of the family at meal times.*
- Would like Kim to be able to let people know what she wants, especially during mealtime.*
- Her mother would like to find out more information about respite in the home or care for Kim in some way so she can have a break.*

Strengths, Resources that Family has to Meet their Child's Needs: *(include family, friends, community groups, financial supports, etc. that are helpful to you)*

- Kim usually spends her day at home with her mom and sister.*
- Kim's paternal grandparents spend time with Kim and her family almost every Sunday after the family returns from church. Her grandparents are helpful with Kim and Jana.*
- Transporting Kim to the store, church, etc. is easy for the family.*
- Kim spends about 30 minutes 2x/day playing on the living room floor with her sister.*

In addition to the information you have already provided, do you have any additional concerns that you have not yet shared, or that others have shared with you about your child? Is there anything else you like to tell us that would be helpful in planning supports and services with you to address what is most important to your child and family?

Kim's health may interfere with receiving early intervention, especially if she needs to be hospitalized again. Kim has many doctors' appointments, some of which are in Seattle.

III. Child's Present Levels of Development

Understanding a child's skills, as identified through evaluation and assessment (including observations, parent report, testing), assists the team (including parents) in planning supports and services that enhance the child's learning.

Developmental Area	Description of Skills/Status <i>(list child's skills in each developmental area/describe status; include information about sensory needs in each domain)</i>	Developmental Level <i>(% of delay, standard deviation, age equivalent)</i>	Information Source <i>(Instrument(s), Parent report, observation)</i>	Evaluator's Name and Evaluation/ Assessment Date
Adaptive Feeding, eating, dressing, sleeping <i>(ex., holds a bottle; reaches for toy, helps dress himself or herself)</i>	Able to drink a 1 ounce of liquid at a time out of a cup held for her; accepting a variety of foods (different textures and tastes) by spoon; able to hold spoon, but unable to bring it to her mouth; not able to assist in dressing or bathing motor challenges impact her ability to participate in independent feeding and/or dressing.	Under 6 months	AEPS, OT report, Parent Interview	Alicia Jones, 12/15/10 Susan Maula, 12/15/10 Laura Donaldson, 12/13/10 and 12/15/10
Cognitive Thinking and learning <i>(ex., looks for dropped toy; pulls toy on a string; does a simple puzzle)</i>	Watches people and very interested in what is happening around her; looks for toys when dropped or rolled from view; likes toys with sound, and shows some recognition of objects when named, and recognizes mom, dad, sister ,and grandparents; difficult to determine Kim's level of understanding due to motor challenges and limited ways of communicating thoughts, wants and needs.	7 – 8 months with scattering to 14 months	AEPS, Parent interview	Susan Maula, 12/15/10 Laura Donaldson, 12/13/10 and 12/15/10
Expressive Communication Making sounds, gesturing, talking <i>(ex., vocalizes vowels; points to objects to express wants; uses 2 or more words)</i>	Makes throaty sounds and gestures to let her parents know what she wants (i.e., when she wants to be picked up, is full or doesn't like a food, or wants a particular book); Enjoys sound play with adults and children; attempts to imitate sounds and toys that make sounds; her ability to make sounds may be impacted by the NG tube.	5-6 months	AEPS, parent interview, observation.	Susan Maula, 12/15/10 Laura Donaldson, 12/13/10 and 12/15/10
Receptive Communication Understanding words and gestures <i>(ex., looks when hears name; points to body parts and common objects when named; follows simple 1 & 2 step directions; understands simple words)</i>	Responds to her name; knows the names of her family members and looks in their direction when named; recognizes the names of familiar objects; pats at her choice when offered books or toys; seems to know colors and by patting on matching colored objects when asked; responds to her mother letting her know what's happening next (i.e. stops fussing when Mom says "I'm coming Kim!" or smiles and turns her head when Jana invites her to play	12 – 15 months	AEPS, Parent report, Observation.	Susan Maula, 12/15/10 Laura Donaldson, 12/13/10 and 12/15/10
Physical: Fine Motor Using hands and fingers <i>(ex., reaches for and plays with toys; picks up raisin; strings beads)</i>	Plays by reaching for, batting or banging toy; pats pictures or objects; holds toys, spoon, or other objects when placed in her hand; limited movement impacts	4 months	OT Report, AEPS, Parent report, Observation.	Alicia Jones, 12/15/10 Susan Maula, 12/15/10

Developmental Area	Description of Skills/Status (list child's skills in each developmental area/describe status; include information about sensory needs in each domain)	Developmental Level (% of delay, standard deviation, age equivalent)	Information Source (Instrument(s), Parent report, observation)	Evaluator's Name and Evaluation/ Assessment Date
	<i>her ability to explore environment and play.</i>			<i>Laura Donaldson, 12/13/10 and 12/15/10</i>
Physical: Gross Motor Moving and using large muscles (ex., rolls from tummy to back; sits independently; walks holding on)	<i>Able to hold her head up when in her adapted seat, held in a sitting or standing position and on her tummy or side; sits momentarily when propped in a sitting position with her hands on floor; able to roll by herself from stomach to back with difficulty; able to move short distances forward when on tummy by twisting her body to inch along); motivated to get her toys.</i>	<i>6 months</i>	<i>AEPS, parent report, observation.</i>	<i>Susan Maula, 12/15/10</i> <i>Laura Donaldson, 12/13/10 and 12/15/10</i>
Social/Emotional Interacting with others (ex., smiles and shows joy; makes good eye contact; seeks help from familiar caregivers; takes turns; shares toys)	<i>Enjoys being with familiar adults and children; watches children and adults; laughs and smiles at others; cries and fusses when not understood; NG tube affects her sleeping at night, contributing to her being fussy during the day.</i>	<i>6 – 9 months</i>	<i>AEPS, Parent interview</i>	<i>Susan Maula, 12/15/10</i> <i>Laura Donaldson, 12/13/10 and 12/15/10</i>
Vision (ex., visually tracks object; attends to faces of familiar people; returns head to starting point when watching slowly disappearing object)	<i>Follows people and toys as they move across her field of vision; looks at pictures in books and enjoys toys with lights and sound.</i>		<i>Newborn screening, observation, parent report</i>	<i>NICU, Seattle Grace Memorial Hospital – August 5, 2009</i> <i>Laura Donaldson, 12/13/10 and 12/15/10</i>
Hearing (ex., turns head, smiles, or acts in response to voices and, sounds; responds to name)	<i>Turns head consistently to the sounds of her family's voices and to other sounds she finds interesting; responds to her name; shows understanding of simple phrases and words.</i>		<i>Newborn hearing screen and subsequent screens, parent report, observation</i>	<i>NICU, Seattle Grace Memorial Hospital – August 5, 2009</i> <i>Laura Donaldson, 12/13/10 and 12/15/10</i>

Initial Eligibility for Part C Services

The evaluation and assessment of each child and the determination of the child's initial eligibility for Part C early intervention services must include the use of informed clinical opinion. Eligibility determination is a team decision.

☒ Your child is **eligible** for Part C Services because he/she has (*check one or more below*):

☒ A 1.5 standard deviation or 25% delay in development in one or more areas (*check all that apply*):

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> Cognitive | <input checked="" type="checkbox"/> Physical: fine motor | <input checked="" type="checkbox"/> Physical: gross motor | <input checked="" type="checkbox"/> Adaptive |
| <input checked="" type="checkbox"/> Social or emotional | <input checked="" type="checkbox"/> Expressive Communication | <input type="checkbox"/> Receptive Communication | |

☒ A diagnosed condition that is likely to result in delay in development (*identify*): cerebral palsy

☐ Informed Clinical Opinion (*check if this is the only method used for determining eligibility*):

Informed Clinical Opinion Summary (*given that informed clinical opinion must be used throughout evaluation and assessment, this section must be completed regardless of the criteria used to determine eligibility*):

The IFSP team agrees that Kim is need of early intervention services to address the delays identified through her evaluation as well as to address her family's concerns about her care and how they can best help her.

Ongoing Eligibility for Part C Services

The evaluation and assessment of each child and the determination of the child's ongoing eligibility for Part C early intervention services must include the use of informed clinical opinion. Eligibility determination is a team decision.

☐ Your child is **continues to be eligible** for Part C Services based upon their present levels of development and/or diagnosed condition.

Summary of Functional Performance

Summarizing how a child uses skills in various domains to function across settings and situations provides information that assists the team (including the parents) in developing functional IFSP outcomes and strategies to meet these outcomes and so progress can be monitored over time. This information also assists in the completion of the Child Outcomes Summary information.

Positive Social/Emotional Skills (including social relationships): *(relating with adults; relating with other children; following rules related to groups or interacting with others)*

Summary of Child's Functioning:

Most of Kim's social skills are foundational; she is working on developing the building blocks that lead to age-expected functioning in this area. Kim likes to play on the living room floor with her sister, Jana. They play together several times a day. Jana initiates most play, showing Kim books and toys and attempting to engage Kim in play. Kim seems to enjoy the interactions with her sister as shown by smiling and laughing in response to things her sister does. Kim attempts to initiate play by batting at objects in the area of her sister, but she is unable to tell her sister what she wants to play with, manipulate the objects in ways that allow much back and forth play, or move very far around the room.

Kim also enjoys watching Jana and neighborhood children play. She moves her arms and legs more when they are nearby playing, as if she wants to play with them. Kim appears to enjoy being with most adults. She expresses the range of emotions and calms when held by familiar adults. Several times a day, however, she cries and fusses because her parents and sister do not understand what she wants or needs. Her NG tube affects her sleeping at night, which leaves Kim fussy during the day and difficult to interact with. When she is calm and focused, Kim sometimes attempts to imitate sounds that her mother and Jana make. These actions demonstrate Kim's understanding of turn-taking effectively and will help her build age-expected skills with communicative turn-taking with other people next. The motor movements in other cooperative turn-taking games like pat-a-cake and peek-a-boo still make these activities difficult for Kim. Skills on the AEPS were demonstrated in the 6-9 month level and are consistent with this description.

Outcome Descriptor Statement (Select one):

Overall in this area, Kim is just beginning to show some immediate foundational skills which will help her work toward age-appropriate skills.

Acquiring and Using Knowledge and Skills (including early language/communication): *(thinking, reasoning, remembering and problem solving; understanding symbols, understanding the physical and social worlds)*

Summary of Child's Functioning:

One of Kim's strengths is her understanding of other's words (AEPS was 12-14 month level). She shows recognition of a number of toys and objects by looking at them when they are named and responds with appropriate emotion when she hears her mother tell her what she wants her to do. This is an important building block to developing age-appropriate understanding of simple commands and longer sentences. Kim also sometimes makes choices about which books and toys she prefers, showing her differentiation between content and characteristics of different toys and books. However, Kim does not yet initiate this activity; she chooses between books or toys when offered by others. She smiles and laughs more when being shown toys that make sounds and play tunes. She shows her preferences by moving more in response to or looking at the toy longer as well. Kim likes to listen to books and smiles when adults, especially her grandparents, play games with her like peek-a-boo. She does not yet try to pull away the barrier in peek a boo herself or problem solve how to get objects that are behind barriers or out of reach. Kim's play has recently become more interactive. It is mostly at a foundational level, but some skills are emerging that are the building blocks to functioning at a level consistent with same age peers. On the cognitive items on the AEPS, scores were in the 7-8 month range with scattering to 14 months. She reaches for and bats toys, touches pictures and makes sounds, watches what is happening, and makes sounds in response to what happened around her. Mrs. Doe describes the sound as a "guttural sound in the back of her throat." She does not yet babble or make consonant sounds which will help build into use of single words as symbols for objects or actions. On the AEPS, her expressive communication skills fell within a 5-6 month level.

Outcome Descriptor Statement (Select one):

Overall in this area, Kim is just beginning to show some immediate foundational skills which will help her work toward age-appropriate skills

Use of Appropriate Behaviors to Meet their Needs: *(taking care of basic needs, e.g. showing hunger, dressing, feeding, toileting, etc.; contributing to own health and safety, e.g., follows rules, assists with hand washing, avoids inedible objects (if over 24 months); getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects, etc.))*

Summary of Child's Functioning:

Kim plays by reaching for and batting toys, patting pictures and banging toys. She holds objects when placed in her hand (toys, spoon).

Kim has very early skills with regard to using appropriate behaviors to meet her needs (AEPS shows less than 6 months for adaptive behavior and 4-6 months for motor skills). Kim knows what she wants, but several times a day Kim cries and fusses when she is not understood and cannot convey those wishes using words or actions. When placed near her, Kim is beginning to reach for and bat at toys, and sometimes is successful at hitting things or banging them into other objects. She has not yet begun to use toys as tools to get other toys or interact with toys in sequences of exploratory actions like other children the same age. She holds objects placed in her hand (toys, spoon), but is still working on picking them up herself.

Kim eats mostly baby food, taking between 5-10 spoonfuls of food that is fed to her per meal, seated in an adapted high chair. She is able to move food around in her mouth with her tongue, has good lip closure, and is starting to make munching motions. Kim eats small meals every 3-4 hours. She is tube fed twice a day is on a feeding tube at night. Gagging reduces as Kim adjusts to new foods.

Kim is not yet able to assist in dressing or bathing due to her motor challenges. Her limited movement also challenges her ability to explore and play. She is able to move short distances forward (twisting her body to inch along) and is motivated to attempt to get her toys, with occasional success at touching a toy, but not yet picking it up. Kim is continuing to work on the skills that are the building blocks to skills other children her age are using to meet their needs.

Outcome Descriptor Statement (Select one):

Relative to children Kim's age, Kim has very early skills in this outcome area. This means that Kim has the skills we would expect of a much younger child in this area.

Date child outcomes descriptor statements were selected by the team: 01/05/11

Assessment Team

The following individuals participated in the evaluation and assessment:

<i>Printed name and Credentials</i>	<i>Role/organization</i>	<i>Assessment Activities</i>
<i>Laura Donaldson, Family Resources Coordinator</i>	<i>FRC, Apple City Early Intervention</i>	<input checked="" type="checkbox"/> Child's Present Levels of Development <input checked="" type="checkbox"/> Eligibility for Part C Services <input checked="" type="checkbox"/> Contributed information for Summary of Functional Performance <input checked="" type="checkbox"/> Participated in selection of Outcomes Descriptor Statements
<i>Alicia Jones, Occupational Therapist</i>	<i>OT, Apples and Oranges Occupational Therapy</i>	<input checked="" type="checkbox"/> Child's Present Levels of Development <input checked="" type="checkbox"/> Eligibility for Part C Services <input checked="" type="checkbox"/> Contributed information for Summary of Functional Performance <input checked="" type="checkbox"/> Participated in selection of Outcomes Descriptor Statements
<i>Susan Maula, Certified Early Childhood Special Educator</i>	<i>ECSE, Apple City Early Intervention</i>	<input checked="" type="checkbox"/> Child's Present Levels of Development <input checked="" type="checkbox"/> Eligibility for Part C Services <input checked="" type="checkbox"/> Contributed information for Summary of Functional Performance <input type="checkbox"/> Participated in selection of Outcomes Descriptor Statements
		<input type="checkbox"/> Child's Present Levels of Development <input type="checkbox"/> Eligibility for Part C Services <input type="checkbox"/> Contributed information for Summary of Functional Performance <input type="checkbox"/> Participated in selection of Outcomes Descriptor Statements
		<input type="checkbox"/> Child's Present Levels of Development <input type="checkbox"/> Eligibility for Part C Services <input type="checkbox"/> Contributed information for Summary of Functional Performance <input type="checkbox"/> Participated in selection of Outcomes Descriptor Statements

Family role in Child Outcomes Summary process (check only one):

- ☒ Family was present for the discussion *and* the selection of the descriptor statements
☐ Family was present for the discussion, but not the selection of the descriptor statements
☐ Family provided information, but was not present for the discussion

Family information on child functioning (check all that apply):

- ☒ Received in team meeting ☐ Collected separately ☒ Incorporated into assessment
☐ Not included (Please explain :)

Assessment instruments informing child outcomes summary:

AEPS

Other sources of information (e.g., practitioner observation; information from child care provider):

Observation of Kim at home with her family; parent interview; OT and special educator observation and report

IV. Functional IFSP Outcomes for Children and Families

Functional outcomes must reflect the changes families would like to see happen for themselves and their children and be based on family priorities and the developmental needs of the child.

Outcome # 1	Start Date: January 10, 2011 Target Date: July 1, 2011
What would your family like to see happen for your child/family? <i>(The outcome must be functional, measurable and in the context everyday routines and activities.)</i> Kim will eat with her family at mealtime, eating the foods they eat and will choose what she wants to eat or drink by touching pictures or pointing to the food or drink.	
What's happening now related to this outcome? What is your family currently doing that supports achieving this outcome? <i>(Describe your child and/or family's functioning related to the desired change/outcome.)</i> Kim is taking between 5-10 spoonfuls of food per meal (mostly baby food) when seated in an adapted high chair. Kim is not eating the same foods that her family eats during mealtime. Kim is starting to make munching motions. She is swallowing liquids of varying consistencies, as well as soft foods, without choking. When new textures or foods are first introduced, Kim chokes/gags. She is holding a spoon and waving it, but is not controlling the spoon to scoop food or bring food to her mouth and does not finger feed. Kim is currently making throaty sounds and gestures to let her parents know what she wants (i.e., when she wants to be picked up, or wants a particular book). During mealtime, she does not indicated what she wants, only what she doesn't want by closing her mouth and turning her head away or crying and whining to refuse a drink or bite.	
What are the ways in which your family and team will work toward achieving this outcome? Who will help and what will they do? <i>(Describe the methods and strategies that will be used to support your child and family to achieve your outcomes within your daily activities and routines. List who will do what including both early intervention services and informal supports, including family members, friends, neighbors, church or other community organizations, special health care programs, parent education programs.)</i> <ul style="list-style-type: none"> Occupational Therapist (OT) will work closely with Kim and her family to address the priority of family mealtimes. OT will use coaching strategies with family members to identify and try new foods and specific techniques to assist Mrs. Doe in helping Kim to gain weight, eat the same foods as the family, and decrease Kim's gagging and refusal of foods. OT will contact the nutritionist to identify additional appropriate high calorie textured foods, building on what Mrs. Doe has already been feeding Kim. Speech-language pathologist (SLP) will work with Mrs. and Mr. Doe, Jana and the grandparents to develop a picture system for Kim to be able to express her wants and needs. Mealtime and snack time will be the first activity settings to be addressed, but the SLP will support Kim's successful use of a picture system over time across all daily routines and activity settings with the important people in her life. OT will provide occupational therapy services to Kim and her family. Nutritionist will consult with Kim's family and the OT to help with strategies to help Kim and her family be successful. SLP will provide speech-language services to Kim and her family. Mr. and Mrs. Doe and Kim's grandparents will try the strategies and let the OT, nutritionist, and SLP know what is or isn't working and Kim's progress towards this outcome. 	
How will we know we've made progress or if revisions are needed to outcomes or services? <i>(What criteria [i.e., observable action or behavior that show progress is being made], procedures [i.e., observation, report, chart], and realistic timelines will be used?)</i> <ul style="list-style-type: none"> We'll know this outcome is met when Kim eats at least two meals with family, sitting independently with or without adaptive supports, eating regular table food, gaining at least one pound per month or 6 pounds in 6 months, and using her picture system to indicate what she wants to eat or drink. In three months, we'll see how many textures and foods Kim is eating and decide if additional strategies or services are needed at that time. The use of the picture system will be under constant review and assessment to determine effectiveness and need to add new pictures, use in different activity settings, and success of all family members' use during daily routines. Pediatrician will determine the rate of weight gain Kim needs to maintain in order to reduce and then stop night tube feedings. Mr. and Mrs. Doe will keep regular appointments with the pediatrician to monitor Kim's weight gain and food intake. 	

Outcome # 1	Start Date: January 10, 2011 Target Date: July 1, 2011
How did we do? <i>(Review of progress statement/Criteria for Success)</i> Date: _____ Achieved: We did it! Date: _____ Continue: We are part way there. Let's keep going. The situation has changed: Date: _____ Discontinue: It no longer applies. Date: _____ Revise: Let's try something different. Date: _____ Explanations/Comments:	

Outcome # 2	Start Date: January 10, 2011 Target Date: April 1, 2011
What would your family like to see happen for your child/family? <i>(The outcome must be functional, measurable and in the context everyday routines and activities.)</i> <i>Kim will sleep through the night and take daytime naps and go to bed at the same time as her sister.</i>	
What's happening now related to this outcome? What is your family currently doing that supports achieving this outcome? <i>(Describe your child and/or family's functioning related to the desired change/outcome.)</i> <i>Kim is not sleeping through the night. She has to be tube fed at 1:00 AM. Jana usually naps around 2:00 PM every day and Kim naps around 3:00. Jana goes to bed at night around 8:00 and Kim goes to bed around 9:30.</i>	
What are the ways in which your family and team will work toward achieving this outcome? Who will help and what will they do? <i>(Describe the methods and strategies that will be used to support your child and family to achieve your outcomes within your daily activities and routines. List who will do what including both early intervention services and informal supports, including family members, friends, neighbors, church or other community organizations, special health care programs, parent education programs.)</i> <ul style="list-style-type: none"> • Special Instructor (SI) will provide early childhood special education services to Kim and her family. • SI and Mrs. Doe will explore information and resources about evidence-based strategies for putting children to bed at the same time every day. • SI will share information and resources and support the Does to help implement changes in nap and bedtime routines for Jana and Kim. • Pediatrician will help the Does monitor the night time feedings and Kim's weight gain • Mr. and Mrs. Doe will share with the SI what is and is not working and their progress as a family meeting this outcome. 	
How will we know we've made progress or if revisions are needed to outcomes or services? <i>(What criteria [i.e., observable action or behavior that show progress is being made], procedures [i.e., observation, report, chart], and realistic timelines will be used?)</i> <ul style="list-style-type: none"> • We will know this outcome is met when both girls successfully go down for a nap and go to bed at the same time and night tube feedings are reduced or eliminated. • In two months, we will see how effective this new routine is for the family and decide if any additional supports or services are needed at that time. 	
How did we do? <i>(Review of progress statement/Criteria for Success)</i> Date: _____ Achieved: We did it! Date: _____ Continue: We are part way there. Let's keep going. The situation has changed: Date: _____ Discontinue: It no longer applies. Date: _____ Revise: Let's try something different. Date: _____ Explanations/Comments:	

Outcome # 3	Start Date: January 12, 2011 Target Date: July 1, 2011
What would your family like to see happen for your child/family? <i>(The outcome must be functional, measurable and in the context everyday routines and activities.)</i> Kim will get her own toys and go where she wants to go by moving herself on her own from one room to another.	
What's happening now related to this outcome? What is your family currently doing that supports achieving this outcome? <i>(Describe your child and/or family's functioning related to the desired change/outcome.)</i> Kim is able to roll by herself from her stomach to her back with difficulty. She is able to move short distances forward (twisting her body to inch along) and is motivated to get her toys.	
What are the ways in which your family and team will work toward achieving this outcome? Who will help and what will they do? <i>(Describe the methods and strategies that will be used to support your child and family to achieve your outcomes within your daily activities and routines. List who will do what including both early intervention services and informal supports, including family members, friends, neighbors, church or other community organizations, special health care programs, parent education programs.)</i> <ul style="list-style-type: none"> Physical Therapist (PT) will work with Kim and Mr. and Mrs. Doe to identify, implement, and assess the effectiveness of specific techniques and strategies the family will use to help Kim be successful in order for her to be able improve her ability to get to her toys, move from one room to another, and get where she wants to go. PT will consult with the Does about potential adaptive equipment that can assist Kim in being more mobile so she gets to her toys. PT will provide physical therapy services to Kim and her family to help implement strategies for successful positioning and mobility. Mr. and Mrs. Doe will try the strategies and activities in their everyday routines and share what is and is not working and Kim's progress towards this outcome. 	
How will we know we've made progress or if revisions are needed to outcomes or services? <i>(What criteria [i.e., observable action or behavior that show progress is being made], procedures [i.e., observation, report, chart], and realistic timelines will be used?)</i> <ul style="list-style-type: none"> We will know that this outcome is met when Kim will be able to get from one room to another by using adaptive equipment or by moving on her own. In three months, we will meet to see how Kim's mobility is changing and we will make any needed changes to supports or services at that time. 	
How did we do? <i>(Review of progress statement/Criteria for Success)</i> Date: _____ Achieved: We did it! Date: _____ Continue: We are part way there. Let's keep going. The situation has changed: Date: _____ Discontinue: It no longer applies. Date: _____ Revise: Let's try something different. Date: _____ Explanations/Comments:	

Outcome # 4**Start Date:** January 17, 2011**Target Date:** May 1, 2011

What would your family like to see happen for your child/family? *(The outcome must be functional, measurable and in the context everyday routines and activities.)*

Grandparents will be comfortable babysitting Kim and Jana on Sunday afternoons so that Mr. and Mrs. Doe can use that time to be away from home together as needed.

What's happening now related to this outcome? What is your family currently doing that supports achieving this outcome? *(Describe your child and/or family's functioning related to the desired change/outcome.)*

Kim's grandparents visit almost every Sunday afternoon. They are very comfortable babysitting Jana and enjoy playing with Kim, but are nervous about feeding Kim and communicating with her when Mrs. Doe is not home.

What are the ways in which your family and team will work toward achieving this outcome? Who will help and what will they do? *(Describe the methods and strategies that will be used to support your child and family to achieve your outcomes within your daily activities and routines. List who will do what including both early intervention services and informal supports, including family members, friends, neighbors, church or other community organizations, special health care programs, parent education programs.)*

- OT will work with Mrs. Doe and Kim's grandparents to support their confidence and competence in caring for Kim while Mr. and Mrs. Doe are away.
- SI will work with Kim's grandparents in creative ways to engage Kim in play using effective communication strategies. SLP will work with Kim's grandparents in creative ways to engage Kim in play using effective communication strategies.
- OT will provide occupational therapy services to Kim, the Does, and Kim's grandparents to help them feel confident and competent in caring for Kim when the Does are not present.
- SLP will provide speech-language services to Kim, the Does, and Kim's grandparents to support the grandparents in caring for Kim independently.
- SI will provide early childhood special education services to Kim, the Does, and the grandparents to support the grandparents in caring for Kim independently.
- Grandparents will try the strategies and activities in their everyday routines and report back what is and is not working, and Kim's progress towards this outcome.

How will we know we've made progress or if revisions are needed to outcomes or services? *(What criteria [i.e., observable action or behavior that show progress is being made], procedures [i.e., observation, report, chart], and realistic timelines will be used?)*

- We will know that this outcome is met when Kim's Grandparents babysit her and Jana on Sunday afternoons without Mrs. Doe being present.
- In two months, we will meet to see how Kim's Grandparents' confidence is changing and we will make any needed changes to supports or services at that time.

How did we do? *(Review of progress statement/Criteria for Success)*

Date: _____ Achieved: We did it!

Date: _____ Continue: We are part way there. Let's keep going.

The situation has changed:

Date: _____ Discontinue: It no longer applies.

Date: _____ Revise: Let's try something different.

Date: _____ **Explanations/Comments:**

Functional IFSP Outcomes Supported by the Family Resources Coordinator Related to Accessing Community Resources and Supports

Family Resources Coordination is provided to all families enrolled in early intervention services. A Family Resources Coordinator will help you identify and access community resources and supports that you or your child may need, based on your current priorities. This page outlines the steps and activities that you and your team will take to connect you with these resources.

Outcome # 1 What do we want to accomplish? (Desired Outcome)

Mrs. Doe will explore formal opportunities for Kim to spend time with children her own age, decide what (if anything) she is interested in pursuing, and successfully enroll Kim as appropriate.

Start Date: January 31, 2011

Target Date: March 1, 2011

Who will do what? (Strategies/Activities)

- Family Resources Coordinator (FRC) will provide Mrs. Doe with information on mother's morning out programs, community classes and playgroups and church preschool programs and discusses information with her.
- FRC will assist Mrs. Doe in talking with and/or visiting any of these services/resources that Mrs. Doe would like to explore.
- FRC will assist Mrs. Doe with the necessary supports to enroll Kim in mother's morning out, community classes and playgroups or a church preschool program as appropriate. This includes accessing the necessary paperwork, compiling the required information to complete the paperwork, and accessing any available financial resources depending on the cost.

Review Date: _____

Progress Code (circle one): Achieved Continue Discontinue Revise

Comments:

Outcome # 2 What do we want to accomplish? (Desired Outcome)

Mrs. Doe will find child care for both children so that she can run errands outside the home during the day once per week.

Start Date: January 31, 2011

Target Date: March 1, 2011

Who will do what? (Strategies/Activities)

- Family Resources Coordinator (FRC) will provide Mrs. Doe with information on respite services and potential babysitting services and will assist Mrs. Doe in exploring these services/resources.
- FRC will assist Mrs. Doe with the necessary supports to enroll in respite care or babysitting services. This includes accessing the necessary paperwork, compiling the required information to complete the paperwork, and accessing any available financial resources depending on the cost.

Review Date: _____

Progress Code (circle one): Achieved Continue Discontinue Revise

Comments:

V. Transition Planning

The Transition Plan outlines steps and activities to support children and families leaving early intervention and transitioning to other community or school services.

Priorities and goals for your child's transition:

(Initial IFSP) Kim will attend the same neighborhood preschool and school as her sister Jana.

Early Childhood Special Education Contact Information

Early Childhood Special Education
Contact's Name:

Melissa Martinez

Phone Number (123) 922-0122

Work ☒ Cell ☐

Email Address: mmartinez@applecity.edu

Transition Planning Requirements and Activities	Action Steps	Role of Person Responsible	Date Initiated	Date Completed
1. Discuss with parents what "transition" from early intervention means, including eligibility and age guidelines for early intervention services and what can be done to plan for this transition.	<ul style="list-style-type: none"> Explained Part C services and that Part C goes to age 3, at which time a transition will occur. Gave brief overview of transition planning relative to Kim's age. 	FRC	1/5/11	1/5/11
2. Discuss with parents possible program options (including preschool special education services; Head Start; child care and other community services) that may be available when child is no longer eligible.				
3. Provide LEA notification that the child is potentially eligible for Part B services (including child's name, address, phone number and date of birth.)				
4. Provide opportunity for parents to meet and receive information from the local education agency or other community program representatives as appropriate.				
5. Establish procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting (i.e. visit the new program, meet with program staff prior to the child's first day, help family secure materials and supplies that will be needed (such as a back pack.)				

Transition Planning Requirements and Activities	Action Steps	Role of Person Responsible	Date Initiated	Date Completed
6. With parental consent, transfer records information (including evaluation and assessments and the IFSP).				
7. Assist parents to understand their rights and to develop advocacy skills.				
8. With parental agreement, schedule the transition conference (at least 90 days before the child's third birthday) and invite participants including parents, early intervention personnel, local education agency, Head Start, and other community providers as appropriate.				
9. At the transition conference:				
a. Decide what other activities need to be completed before the child moves into the new service setting (including enrollment; immunizations; transportation issues, medical needs etc.).				
b. Review current evaluation and assessment information. Decide if any further evaluations are needed to determine eligibility to Part B or other programs prior to transition.				
c. As appropriate, schedule IEP meeting date if the child will transition into preschool special education.				
d. If the child is transitioning to Part B, review with parents the program options for their child from the child's third birthday through the remainder of the school year.				
e. Decide if there is a need for post transition follow-up (including service coordination, consultation with new staff).				
10. Other transition planning activities:				

VI. Summary of Services

Services and supports are determined following the development of functional IFSP outcomes. They are designed to enhance the capacity of the family in supporting their child's development and to promote the child's learning and development through functional participation in family and community activities.

Early Intervention Services	Outcome # (list all that apply)	Frequency/Intensity	Methods	Setting	Natural Environment Y/N*	Payment Arrangements (if any)	Start Date	End Date	Agency(ies) Responsible
OT	1,4	24, 1 hr visits in 6 months	Direct Service	Home	Y	Insurance	1/12/11	7/12/11	Apples and Oranges Occupational Therapy
PT	3	12, 1 hr visits in 6 months	Direct Service	Home	Y	Insurance	1/12/11	7/12/11	Core Strength Physical Therapy
SLP	1,4	12, 1 hr visits in 6 months	Direct Service	Home	Y	Insurance	1/12/11	7/12/11	Orchard Speech and Development
SI (ECSE)	2,4	12, 1 hr visits in 6 months	Direct Service	Home	Y	Part C funds	1/12/11	7/12/11	Apple City Early Intervention
FRC	FRC 1-2	6 visits in 6 months	Direct Service	Home	Y	Part C funds	1/12/11	7/12/11	Apple City Early Intervention
<p>Documentation of discussions to reach consensus about services: (Include discussions about any services refused or declined, as well as any negotiations about frequency, intensity or method of service delivery, i.e., Discussed parents' priority to work on feeding now and wait for motor outcomes until later; Discussed team recommendation for 24 one hour visits for the next 12 weeks, parent only wanted 12 one hour visits for the next 12 weeks.)</p> <p>Discussed parents' priority to work on feeding and sleeping and enhancing Kim's ability to move on her own. Due to parent priorities, Alicia, (OT), John (PT), Ana (SLP), and Susan (SI) services were recommended. Laura (FRC) will visit at least monthly and suggested that she combine her visits with Alicia's visits.</p> <p>All services offered were accepted and the parents consented on the frequency and methods of service delivery.</p>									

* If setting is not a natural environment, complete the justification.

Other Services

These are additional services that your child and family are currently accessing, but are not entitled under Part C. Such additional services may include medical services such as well-baby checks, follow-up with specialists for medical purposes, etc.

Do you or your child currently receive any of the following services?					
Check if applicable	Financial & Other Basic Assistance	Check if applicable	Health and Medical Services	Check if applicable	General Services
	Medicaid/Apple Health – child		WIC Nutrition Program		Early Head Start or Head Start
	Medicaid/Basic Health – parent		First Steps		Migrant Head Start – American Indian/Alaska Native Head Start
X	Health Insurance - child	X	Immunizations (Baby Shots)		Child Care
X	Health Insurance - parent		Family Planning Clinic		Home Visiting
	Medicaid Premium Payment Program	X	Well Child Care		Division of Developmental Disabilities (DDD, non-EIS services)
	Food Stamps		Children with Special Health Care Needs Program		Preschool
	Financial Assistance	X	Primary care - parent	X	Other general services:
	SSI	X	Medical specialists (i.e. cardiology, neurology, etc.)		Parent to Parent (P2P) referral
	Child Care subsidies		EPSDT/Medicaid Health Check		Washington State Fathers Network (WSFN) referral
	TANF	X	Dental care	X	Hospital OT does follow up every 3 months for NG tube issues
	Other financial services:		Indian Health Services		
			Other health services:		

Comments (include names, contact information and funding sources for above services as appropriate):

Primary care provider – David Johnson, MD – Apple City Pediatrics – (123) 234-2000 – Johnson@acpediatric.com

Nutritionist – Janie Smith, RN – Apple City Pediatrics – (123) 234-2000

Neurologist (team lead for Kim in Seattle that coordinates other specialists as well) – Dr. Shane Slocum – (123) 458-3817 (most recent team report attached)

Dentist – An Apple a Day Dentistry – (123) 458-3255

Hospital OT – Betty Davis, OT – Seattle Grace Memorial – (123) 458-3636 (most recent progress report attached)

What other services do your child and family need, and want to access?		
Other Service	Provider	Steps to be Taken to Help Family Access These Services or Funding Sources to be Used
Child Care	Little Tots or Other	Laura (FRC) and Mrs. Doe will begin exploring options.
Child Care Subsidy	DSHS	Laura (FRC) and Mrs. Doe will develop a plan about contacting DSHS.
Respite Care	Apple City Parent Support Center	Laura (FRC) provided pamphlet and will follow up with Mrs. Doe.

VII. Natural Environment Justification

Children learn best through natural learning opportunities that occur in settings where the child and family normally participate. Early intervention supports and services must be provided in settings that are natural or typical for children of the same age (i.e., natural environments). If the team decides that the outcome cannot be achieved in a natural environment, a justification must be provided including why that decision was made and what we will do to move services and supports into natural environments as soon as possible.

Outcome #	Service(s)/Support(s)	Setting (Non-Natural Environment Setting Where Service(s)/Support(s) Will be Provided)
Explanation of Why Outcome Cannot be Achieved in a Natural Environment:		
Plan for Moving Service(s) and/or Support(s) into Natural Environments:		

VIII. IFSP Agreement

Written Prior Notice and Parental Consent for Provision of Early Intervention Services

Written Prior Notice:

Written prior notice must be provided to parents of an eligible child a reasonable time before the program proposes or refuses to initiate or change the identification, evaluation or placement of the child or the provision of appropriate early intervention service to the child and the child's family.

Action Proposed:

To initiate the services listed on the IFSP for which consent is provided, according to the Summary of Services.

Reasons for Taking the Action:

After discussing all assessment information, including family observations and their concerns, priorities and resources, the IFSP team, including the family, agreed on the early intervention services and other supports to be provided to achieve desired outcomes.

Action Refused (if any):

Reasons for Refusal (if action refused):

Consent:

I participated in the development of this IFSP and I give informed consent for the Washington *Early Support for Infants and Toddlers* program and service providers to carry out the activities listed on this IFSP.

Consent means I have been fully informed of all information about the activities for which consent is sought, in my native language or other mode of communication; that I understand and agree in writing to the carrying out of the activities for which consent is sought; the consent describes the activities and lists of records (if any) that will be released and to whom; and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may accept or decline any early intervention service (except the required procedural functions under the regulations for Family Resources Coordination) and may decline such a service after first accepting it without jeopardizing any other early intervention service(s) my child or family receives through the Washington *Early Support for Infants and Toddlers* program. (NOTE: Complete the *Declining One or More Early Intervention Services* or *Declining Participation in the ESIT Program* form if appropriate.)

I understand that my IFSP will be shared among the early intervention providers and program administrators responsible for implementing this IFSP.

I have received a copy of Washington *Early Support for Infants and Toddlers* program, *Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards [Parent Rights]* along with this IFSP. This information includes the complaint procedures and timelines I may use if I decide later that I disagree with any decisions. These rights have been explained to me and I understand them.

Signature(s) of (check one): ☒ Parent(s) ☐ Legal Guardian ☐ Surrogate Parent

Date

Juanita Doe

Grimmer Doe

January 5, 2011

IFSP Participants that attended the IFSP Meeting:			
<i>Printed name and Credentials</i>	<i>Role/organization</i>	<i>Signature</i>	<i>Date</i>
Gunner Doe	Father	<i>Gunner Doe</i>	January 5, 2011
Juanita Doe	Mother	<i>Juanita Doe</i>	January 5, 2011
Laura Donaldson, FRC	Apple City Early Intervention	<i>Laura Donaldson, FRC</i>	January 5, 2011
Alicia Jones, OT	Apples and Oranges Occupational Therapy	<i>Alicia Jones, OT</i>	January 5, 2011
Susan Maula, SI	Apple City Early Intervention	<i>Susan Maula</i>	January 5, 2011
Ana Erio, SLP	Orchard Speech and Development	<i>ANA ERIO, SLP</i>	January 5, 2011
John Smith, LPT	Core Strength Physical Therapy	<i>j. Smith, PT</i>	January 5, 2011

The following individuals did not attend the meeting but participated in the meeting through conference call or in writing (specify which):		
Printed name and Credentials	Role/organization	Conference Call/In Writing
David Johnson, MD	Apple City Pediatrics	Conference Call
Shane Slocum, MD (Neurologist)	Seattle Grace Memorial Hospital	In Writing
Betty Davis, OT	Seattle Grace Memorial Hospital	In Writing

IX. IFSP Review

The IFSP is a fluid, flexible document that can be updated as you or your child's and family's needs change. Reviews of the IFSP must occur every six months, and additional reviews can be held whenever changes are needed to the IFSP. This page will summarize the changes being made to your child's IFSP at each review.

Date of Review: _____

Summary of Review Results *(i.e., progress made towards outcomes or new outcomes developed; changes in the family's concerns, resources and priorities; changes to service provision; plans until next review, etc).* Any changes to services and outcomes noted in this review must also be updated in the appropriate section of the current IFSP.

IFSP Review Agreement

Written Prior Notice and Parental Consent for Provision of Early Intervention Services

Written Prior Notice:

Written prior notice must be provided to parents of an eligible child a reasonable time before the program proposes or refuses to initiate or change the identification, evaluation or placement of the child or the provision of appropriate early intervention service to the child and the child's family.

Action Proposed:

To initiate the services listed on the IFSP for which consent is provided, according to the Summary of Services.

Reasons for Taking the Action:

After discussing all assessment information, including family observations and their concerns, priorities and resources, the IFSP team, including the family, agreed on the early intervention services and other supports to be provided to achieve desired outcomes.

Action Refused (if any):

Reasons for Refusal (if action refused):

Consent:

I participated in the development of this IFSP and I give informed consent for the Washington *Early Support for Infants and Toddlers* program and service providers to carry out the activities listed on this IFSP.

Consent means I have been fully informed of all information about the activities for which consent is sought, in my native language or other mode of communication; that I understand and agree in writing to the carrying out of the activities for which consent is sought; the consent describes the activities and lists of records (if any) that will be released and to whom; and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may accept or decline any early intervention service (except the required procedural functions under the regulations for Family Resources Coordination) and may decline such a service after first accepting it without jeopardizing any other early intervention service(s) my child or family receives through the Washington *Early Support for Infants and Toddlers* program. (NOTE: Complete the *Declining One or More Early Intervention Services* or *Declining Participation in the ESIT Program* form if appropriate.)

I understand that my IFSP will be shared among the early intervention providers and program administrators responsible for implementing this IFSP.

I have received a copy of Washington *Early Support for Infants and Toddlers* program, *Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards [Parent Rights]* along with this IFSP. This information includes the complaint procedures and timelines I may use if I decide later that I disagree with any decisions. These rights have been explained to me and I understand them.

Signature(s) of (check one): ☐ Parent(s) ☐ Legal Guardian ☐ Surrogate Parent

Date

IFSP Participants that attended the IFSP Meeting:			
<i>Printed name and Credentials</i>	<i>Role/organization</i>	<i>Signature</i>	<i>Date</i>

The following individuals did not attend the meeting but participated in the meeting through conference call or in writing (<i>specify which</i>):		
<i>Printed name and Credentials</i>	<i>Role/organization</i>	<i>Conference Call/In Writing</i>